

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 07/01/2017
through 12/31/2017

Date Stamp

CALIFORNIA
1992 FORM **401**

1/3

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

The Harvey Milk LGBT Democratic Club Voter Gui -
de

ID NUMBER

1383194

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

Oakland CA 94618

NAME OF TREASURER:

Charles Sanchez

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Oakland CA 94618

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

| | (A) Total This Period | (B) Cumulative to Date (Since January 1 of calendar year covered) |
|---------------------------|------------------------------------|--|
| 1 TOTAL PAYMENTS RECEIVED | \$ <u>2.30</u> Sch. A, Line 3 | \$ <u>4.51</u> |
| 2 TOTAL PAYMENTS MADE | \$ <u>822.10</u> Sch. B, Line 3 | \$ <u>1292.40</u> |

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/22/2018 At San Francisco By Charles Sanchez CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Charles Sanchez CA Title: Treasurer
TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule A Payments Received

SCHEDULE A

| | |
|--|---------------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | CALIFORNIA 1992 FORM 401 |
| | 2/3 |
| I.D NUMBER 1383194 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

The Harvey Milk LGBT Democratic Club Voter Guide

| (1) | (2) | (3) | | (4) | (5) |
|---------------|---|--|--|-----------------------------|--|
| DATE RECEIVED | IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE) | (a) | (b) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE |
| | | NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2) | CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER | | |
| | | | SUPPORT OPPOSE | | |
| I | Reference No: | | | | |

| | | |
|----------------|-----------------|----------------|
| Summary | SUBTOTAL | \$ 0.00 |
|----------------|-----------------|----------------|

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ 0.00
- Amount Received - Payments of Less than \$100
(Not itemized) \$ 2.30
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ 2.30

Schedule B Payments Made

SCHEDULE B

| | |
|--|------------------------------------|
| Statement covers period from 07/01/2017 through 12/31/2017 | CALIFORNIA 1992 FORM 401 |
| | 3/3 |
| I.D NUMBER 1383194 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

The Harvey Milk LGBT Democratic Club Voter Guide

| NAME AND STREET ADDRESS OF PAYEE | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------------------------|-------------|
| The Henry Levy Group Oakland CA 94618 Reference No: | Accounting Services | 316.10 |
| The Henry Levy Group Oakland CA 94618 Reference No: | Accounting Services | 500.00 |

Summary

| | | |
|--|----------|-----------|
| | SUBTOTAL | \$ 816.10 |
| 1. Payments of \$100 or More (Include all Schedule B subtotals) | \$ | 816.10 |
| 2. Payments under \$100 This Period (Not itemized) | \$ | 6.00 |
| 3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. | \$ | 822.10 |